## ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees retifications.

maintenance fee notifications.		*	1;	·			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
45159 7590	10/06	5/2009	·				
SQUIRE, SANDERS & DEMPSEY LLP I MARITIME PLAZA SUITE 300 SAN FRANCISCO, CA 94111				Certificate of Malling or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)			
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/918,365	07/30/2001		Eugene T. Michal		050623.00379 1073		
TITLE OF INVENTION: AN MATERIAL	IMPLANTABL	E MEDICAL DEVICI	E INCLUDING A CO	VALENTLY IMM	OBILIZE	ED ANTI-THROMBO	OGENIC
APPLN. TYPE SMA	ALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	<del></del>	\$1510	01/06/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
CAMERON, ERMA	CAMERON, ERMA C		:427 <u>:</u> 508000	<del></del>			
1. Change of correspondence add CFR 1.363).	lress or indication	of "Fee Address" (37	2. For printing on the	patent front page, l	ist Sq	-	Dempsey L.L.P.
Change of correspondence Address form PTO/SB/122) at	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
The Address form PTO/SB/122) at Fee Address" indication (PTO/SB/47; Rev 03-02 or monumber is required.	Indication form	registered attorney or agent) and the names of up to					
3. ASSIGNEE NAME AND RES							
PLEASE NOTE: Unless an a recordation as set forth in 37 C	ssignee is identif	fied below, no assignee etion of this form is NO	data will appear on the	patent. If an assign	n <del>c</del> e is ide	entified below, the doc	cument has been filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CIT				
Advanced Cardiova	Santa Clara,	ra, California					
Please check the appropriate assig	mee category or c	categories (will not be pri	inted on the patent):	Individual 🖾 C	orporatio	n or other private grou	p entity Government
4a. The following fee(s) are subm    Same   Same	4b	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
Publication Fee (No small e		A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copi		★ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1850 (enclose an extra copy of this form).					
5. Change in Entity Status (from a. Applicant claims SMALI		above)					
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		s ratent and Trademark	· · · · · · · · · · · · · · · · · · ·				
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